## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # F95000002095  1. Entity Name KIGI INVESTMENT, INC.							02-05-2	2007 900	081 014	l ***150	0.00
Principal Place of Business 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156 US		Mailing Address 9100 SOUTH DADELAND BLVD STE 912 MIAMI, FL 33156 US									
801	lace of Business - No P.O. Box # Brickell Ave	3. Mailing Address PO Box 452124									
Suite, Apt. #, etc. 880		Suite, Apt. #, etc.				01152007	Chg-F	•	CR2E03	4 (12/06)	
City & State Miami, FL		City & State Mi Am	<i>L</i>	4. FEI Number 59-1715969					<u> </u>	oplied For ot Applicable	
Zip Country US				ry U.S	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent	-	Name		7. Name and		Rew Regi			
VARGAS, PIEDRA & CO 9100 SOUTH DADELAND BLVD				Street Add	lress (F	P.O. Box Number	-1		900		<u></u>
SUITE 91: MIAMI, FL		}		Bá	ol Brie	ckell	Ave	NR	# 8	380	
	<i>I</i>			City	- 1	Miami	;		FL	Zip Cod	3/3)
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered about											
SIGNATURE Signature/report of profession and fully if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										- · · · · · · · · · · · · · · · · · · ·	
10.	OFFICERS AND D		11.			ADDITIONS/	CHANGES	TO OFFICE			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.											
SIGNATURE:    SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #											